

# Medicare Rural Hospital Flexibility Program Emergency Medical Services Supplement Technical Assistance Webinar Notice of Funding Opportunity HRSA-19-095

January 31, 2018

**Christy Edwards and Sarah Young**  
**Flex Program**  
**Federal Office of Rural Health Policy (FORHP)**  
**Health Resources and Services Administration (HRSA)**



# Housekeeping

- **Download documents and slides**
- **Access audio recording**
  - Playback Number: 1 800-945-9394
  - Passcode: 8855
- **Access webinar recording**
  - <https://www.ruralcenter.org/content/flex-program-grant-and-cooperative-agreement-guidance>
- **Questions**
  - Chat box during the presentation
  - Unmute lines after the presentation



# Agenda

---

- **Background**
- **Fiscal Year 2019 Flex EMS Supplement Notice of Funding Opportunity**
  - Eligibility Requirements
  - Purpose
  - Funding Amount
  - HRSA Responsibilities
  - Recipient Responsibilities
  - Program Timeline
  - Application Instructions
- **Questions**



# Flex EMS Supplement Notice of Funding Opportunity

- **Cooperative Agreement Supplement Dates**
  - September 1, 2019 – August 31, 2022 (3 years)
- **Award Amount: \$250,000/year for 3 years**
- **Number of Awards: No more than 8 state Flex programs**
- **Letter of Intent Requested By: March 1, 2019**
  - Include Flex Coordinator name and contact information, project point of contact (if different), and identify the Focus Area for which you intend to apply.
  - Email the letter [HRSADSO@hrsa.gov](mailto:HRSADSO@hrsa.gov) and copy [syoung2@hrsa.gov](mailto:syoung2@hrsa.gov)
- **Applications Due: April 5, 2019**
- **Page Limit: 40 pages**
  - The page limit includes the abstract, project and budget narratives, as well as the attachments.



# Flex EMS Supplement Eligibility

- This competitive supplemental funding opportunity is only open to applicants for the Medicare Rural Hospital Flexibility Program cooperative agreement.
- Only states (current Medicare Rural Hospital Flexibility Program award recipients in states with certified critical access hospitals) are eligible to apply for funding under this notice. HRSA will accept only one supplemental application from each state. The Governor designates the eligible applicant from each state.



# Flex EMS Supplement Purpose

- **Purpose:** To improve access to quality emergency medical care in rural communities. These projects will develop an evidence base for Flex Program EMS activities, by funding projects in the following two focus areas.
- **Flex EMS Supplement Focus Areas:**
  - **Focus Area 1:** *To implement demonstration projects on sustainable models of rural EMS care.* Projects will facilitate the development and implementation of promising solutions for the problems faced by vulnerable EMS agencies and contribute to an evidence base for appropriate interventions.
  - **Focus Area 2:** *To implement demonstration projects on data collection and reporting for a set of rural-relevant EMS quality measures.* Projects will facilitate the development of a core set of validated, rural-relevant EMS quality measures.



# Flex EMS Supplement – HRSA Responsibilities

---

- Review work plans
- Monitor implementation through progress reports
- Collaborate with technical assistance providers to develop tools and resources



# Flex EMS Supplement – Recipient Responsibilities

---

- Implement a Flex EMS Supplement project based on an approved work plan
- Update work plans annually, or more often if needed
- Participate in information sharing and program improvement activities
- Participate in the national evaluation of the Flex EMS Supplement





# Years in the Period of Performance

Grant Year	Fiscal Year	Calendar Dates
Year 1	FY 2019	9/1/2019 – 8/31/2020
Year 2	FY 2020	9/1/2020 – 8/31/2021
Year 3	FY 2021	9/1/2021 – 8/31/2022



# Annual and Final Reporting Requirements

Item	Available	Due
Progress Report (NCC)	March (varies slightly)	May (45+ days)
Final Report	Sept. 1, 2022	November 30 (90 days)



# Application Instructions

- **Project Abstract**
- **Project Narrative**
  - Introduction
  - Needs Assessment
  - Methodology
  - Work Plan (Attachment 1)
  - Resolution of Challenges
  - Evaluation and Technical Support Capacity
    - Project Monitoring
    - Logic Model (Attachment 5)
    - Evaluation Plan and Final Report
  - Organizational Information
- **Budget & Budget Narrative**

## Attachments

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

**HRSA**  
Health Resources & Services Administration

**SF-424 Application Guide**

A guide developed and maintained by HRSA for preparing and submitting applications through Grants.gov to HRSA using the SF-424 Application Package

*Use with HRSA notices of funding opportunities (NOFOs) that specify use of the SF-424 Application Package*

Updated July 5, 2018



# Abstract

- **General information:**

- Project Title
- Applicant Organization Name
- Applicant Organization Address
- Applicant Organization Web Site
- Project Director Name
- State Flex Coordinator Name (if different from Project Director)
- State Flex Coordinator Contact Phone Number
- State Flex Coordinator E-Mail Address

- **A brief description of the project including the needs to be addressed, the proposed services, and the population to be served**
- **A statement to identify which of the EMS improvement focus areas the project will address**
- **Goals and specific measurable objectives of the proposed project**
- **See page 34 of the [SF-424 Application Guide](#)**



# Project Narrative

---

- **Introduction**
- **Needs Assessment**
  - Analyze data to identify needs you will serve
- **Methodology**
  - Describe the project plan in detail
- **Work Plan (Attachment 1, NOT in the narrative)**
  - Identify activities and timelines
- **Resolution of Challenges**
- **Evaluation and Technical Support Capacity**
- **Organizational Information**



# Project Narrative – Introduction and Need

- **Introduction**

- Briefly describe the purpose of your proposed project

- **Needs Assessment**

- Provide an environmental scan assessing rural EMS in the state focused on the problem your project will address
- Clearly define the problem(s) that the project aims to address
- Provide data in support of your assessment of the problem
- Identify potential partners that you can engage
- Describe how the proposed project advances the overall goal of improving access to quality emergency medical care in rural communities



# Needs Assessment

---

- **Focus Area 1** projects should also identify and describe other ongoing projects in the state or in the country that attempt to address a similar problem.
- **Focus Area 2** projects should also describe any current EMS data collection or quality improvement requirements, any voluntary reporting or quality improvement projects engaging EMS agencies, the extent of current EMS agency participation in such projects, and current barriers to EMS quality reporting and quality improvement.



# Project Narrative - Methodology

- Explain how your project improves access to quality EMS
- Explain the conceptual framework linking the proposed projects, activities, and interventions to achievement of your goals
- Describe the interventions to be used to address the rural EMS problem(s) identified in the needs assessment
- Show how activities logically connect to and address a clearly defined purpose in the selected focus area
- Explain your process for engaging key stakeholders
- Please note that there are specific required elements for each Focus Area
- Refer to the tabular work plan for implementation details
- Refer to the logic model to support the narrative





# Project Narrative – Challenges

---

- **Resolution of Challenges**

- You have considered potential challenges and have a plan to resolve them



# Project Narrative – Evaluation

- **Evaluation and Technical Support Capacity**

- *Project Monitoring and Evaluation Capability*
- *Logic Model Description*
- *Evaluation Plan and Final Report*
- The evaluation plan describes -
  - Systems and processes to collect and manage data.
  - Data to be collected and identifies well-defined, appropriate outcome measures.
  - A realistic timeline with key milestones for implementing the evaluation and producing the final report.
  - A plan that provides information on the effectiveness of the project.
  - An effective strategy to disseminate project results.



# Project Narrative – Organizational Information

- **Organizational Information**

- Your organization's scope and structure
- The state Flex program structure and key relationships
- Staffing
- Financial management capabilities
- Refer to Attachment 2, Staffing Plan, and Attachment 4, Organizational Chart



# Budget and Budget Narrative

---

- Budget documents consist of two major parts
- SF-424A budget form
  - Years 1 – 3 on one form
- Budget Narrative



# Application Budget (SF-424A)

- See [HRSA SF-424 Application Guide](#) section 4.1.iv (page 20) and NOFO section IV.2.iii (page 13) for instructions on preparing the budget and budget justification narrative.
- Please complete the SF-424A Budget form included with the application package.
- Complete Sections A – F of the SF-424A Budget Information – Non-Construction Programs form included with the application package for each year of the period of performance.



# Example SF-424A, Section B

## SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Flex BMS Supplement year 1	(2) Flex BMS Supplement year 2	(3) Flex BMS Supplement year 3	(4)	
a. Personnel	\$ 60,000.00	\$ 61,000.00	\$ 62,000.00	\$	\$ 183,000.00
b. Fringe Benefits	18,000.00	18,300.00	18,600.00		54,900.00
c. Travel	5,000.00	5,000.00	5,000.00		15,000.00
d. Equipment	0.00	0.00	0.00		0.00
e. Supplies	17,000.00	1,400.00	1,200.00		19,600.00
f. Contractual	120,200.00	134,170.00	132,740.00		387,110.00
g. Construction	0.00	0.00	0.00		0.00
h. Other	10,000.00	10,000.00	10,000.00		30,000.00
i. Total Direct Charges (sum of 6a-6h)	230,200.00	229,870.00	229,540.00		\$ 689,610.00
j. Indirect Charges	19,800.00	20,130.00	20,460.00		\$ 60,390.00
k. TOTALS (sum of 6i and 6j)	\$ 250,000.00	\$ 250,000.00	\$ 250,000.00	\$	\$ 750,000.00
7. Program Income	\$ 0.00	\$ 0.00	\$ 0.00	\$	\$ 0.00

Authorized for Local Reproduction

Standard Form 424A (Rev. 7-97)  
Prescribed by OMB (Circular A-102) Page 1A

Health & Human Services



# Required Budget Information

- In addition to requirements included in the NOFO, include the following in the Budget Narrative:
  - Personnel Costs
  - Travel
  - Equipment
  - Supplies
  - Contractual
  - Other
  - Indirect Costs
- Remember to refer to the [HRSA SF-424 Application Guide](#) as referenced throughout the NOFO



# Budget Narrative

- Provide a budget narrative that explains amounts requested for each line (object class category) of the budget in Sections A-F.
- Describe each cost element and explain how each cost contributes to meeting the project's objectives/goals. Be very careful about showing how each item in the "other" category is justified.
- For subsequent budget years, highlight any changes from year one or clearly indicate that there are no substantive budget changes during the project period.
- **MUST** be concise. Do NOT use the budget narrative to expand the project narrative.
- See [HRSA SF-424 Application Guide](#) section 4.1.v (page 28).





# Budget Narrative – Travel

---

- List travel costs according to local and long distance travel.
- For local travel, outline the mileage rate, number of miles, reason for travel and staff member/consumers completing the travel.
- For long distance travel, outline expenses (e.g., airfare, lodging, parking, per diem, etc.) for each person and trip associated with participating in meetings and other proposed trainings or workshops.



# Budget Narrative – Contractual/Subawards

- Provide a clear explanation as to the purpose of each contract/subaward, how the costs were estimated, and the specific contract/subaward deliverables.
- Notify potential subrecipients that entities receiving subawards must be registered in SAM and provide the recipient with their DUNS number (see [2 CFR part 25](#)).
- For subawards to entities that will help carry out the work of the award, describe how you will monitor their work to ensure the funds are being properly used.



# Programmatic Budget Requirements

- **You cannot use funds under this notice for the following purposes:**
  - For direct patient care services;
  - To purchase ambulances and any other vehicles;
  - To purchase or improve real property; and/or
  - For any purpose which is inconsistent with the language of this NOFO or Section 1820(g)(2) of the Social Security Act (42 U.S.C. 1395i-4(g)(2)).
- **You cannot duplicate costs already provided under the primary Flex Program cooperative agreement award**
- **Allowable uses of funds include, but are not limited to:**
  - Salaries for project management personnel
  - Training on data collection
  - Data collection tools including software and information technology devices such as computers or tablets and telehealth connection services or devices
  - Reimbursement of EMS agency staff time for data collection and reporting



# Indirect Cost Limit

- **Limited to 15 percent of total direct costs, approximately 13 percent of Total Project Costs**

*Authorizing legislation (Title XVIII, §1820(g)(4) of the Social Security Act (42 U.S.C. 1395i-4(g)(4)), as amended) limits indirect costs under the Flex program. Indirect costs will be budgeted and reimbursed at the lesser of 15 percent of total direct costs or the applicant's negotiated Indirect Cost Rate Agreement (ICRA). The 15 percent limit comes to approximately 13.04 percent of the Total Project Costs, inclusive of direct and indirect costs. This limitation on indirect cost rates is a requirement of this federal award and, as required in [45 CFR § 75.351-353](#), the limitation includes subrecipients.*



# Salary Limit

- The Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 and Continuing Appropriations Act, 2019 (P.L. 115-245) **limits the salary amount** that may be awarded and charged to HRSA grants and cooperative agreements to the Federal Executive Pay Scale Level II rate set at **\$189,600, effective January, 2018**.
- This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. **This salary limitation also applies to subrecipients under a HRSA grant or cooperative agreement.** The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.
- [Grants Policy Bulletin 2019-02: Legislative Mandates for FY 2019](#)



# Required Cost Information

- Budget line items must be logically linked to activities outlined in the project narrative.
- Are the costs:
  - Allowable? (Conforming to policies and limitations)
  - Allocable? (Assigned to specific goal/activity)
  - Reasonable? (Justified)
- See the HRSA [FAQs for Award Recipients](#)



# Attachments

---

1. Work Plan
2. Staffing Plan
3. Biographical Sketches of Key Personnel
4. Project Organizational Chart
5. Logic Model
6. Indirect Cost Rate Agreement (NOT counted in page limit)

*Tip: Convert all files to PDF before uploading to Grants.gov*



# Attachment 1 – Work Plan

- **Three-year section (period of performance)**
  - Defined outcome measures with a clear, time-limited target for each outcome measure
  - A detailed 3-year timeline indicating project milestones for the duration of the supplemental funding
- **Annual section**
  - Activities planned in each activity category
  - Expected outputs (process measures) for each activity category
  - Timeline for activities with key milestones to track progress
  - Responsible individuals including program staff and contractors





# Work Plan Template

---

- Developed by TASC
- Tabular template is formatted for printing to PDF and meets the NOFO requirements
- Download the template from the [Flex Guidance webpage](#)



# Logic Model – Attachment 5

- A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements.
- It shows the logical relationships among the resources that are invested, the activities that take place and the benefits or changes that result from these activities.
- The logic model should summarize the connections between the:
  - Goals of the project
  - Assumptions
  - Inputs
  - Target Population
  - Activities
  - Outputs
  - Short, Medium, and Long-term Outcomes



# Logic Model

## Inputs

State Flex  
Program Staff

Partnerships

Technology

Technical  
Assistance

## Activities

Stakeholder  
meetings

Curriculum  
development

Training

Data Collection

Data analysis

## Outputs

# stakeholder  
meetings

# EMS agencies  
recruited

% EMS  
personnel  
trained

## Outcomes

Reduce average  
response time

**Goals:** Reduce trauma mortality in target counties

**Assumptions:** Reducing on-scene and dispatch times can reduce trauma mortality.

**Population:** Athens, Bell, Clay, Douglas, and Elbert counties

# Example of a complete application (35 pages)

Number of Pages	Section
1	Abstract
20	Project Narrative
n/a	Budget Form SF-424A
4	Budget Narrative
4	Attachment 1 – Work Plan
1	Attachment 2 – Staffing Plan
3	Attachment 3 – Biographical Sketches of Key Personnel
1	Attachment 4 – Project Organizational Chart
n/a	Attachment 5 – Indirect Cost Rate Agreement
1	Attachment 6 – Logic Model



# Key Differences Between Primary Flex and Supplement

---

- Supplement does not have a specific minimum FTE requirement
- Supplement has a project period of three years
- Supplement is competitive – we expect to receive more applications than we fund
- Applicants must choose Focus Area 1 *or* Focus Area 2
- All activities must be logically connected and contribute to the same purpose



# Flex EMS Supplement Technical Assistance

- **Technical Assistance and Services Center (TASC)**
  - EMS Resources
  - Evaluation
  - Logic Model
  - Evaluation Planning, evaluation toolkit, template
  - tasc@ruralcenter.org
  - The Flex Program Forum
- **Flex Monitoring Team (FMT)**
  - Contact page



# Peer Review Process

- **HRSA's Division of Independent Review will:**
  - Convene panels of expert reviewers
  - Ensure that a fair and ethical review is conducted for each application
  - Provide a summary of the panel's comments regarding application strengths and weaknesses comments
  - **The reviewers will not see your primary Flex application.** The documents in this Flex EMS Supplement application are the only documents the reviewers will score.



# Helpful Tips

- **Application Planning**

- Have I read the entire funding opportunity and HRSA SF-424 application guide?
- Does my organization have the technical expertise, the personnel, and the financial capacity?
- Are all stakeholders in my organization supportive?
- Is my organization prepared to do what it takes?

- **Paint a comprehensive picture**

- **Review criteria (pages 19 - 23 of the NOFO)**

- All eligible applicants will be reviewed by an Objective Review Committee to assess the technical merit of the application

- **Submit your application early**





# REMEMBER!

---

- Read NOFO **and** [SF-424 Application Guide](#) for all the details
- Register in **DUNS**, **SAM**, and **Grants.gov** as soon as possible (or make sure organizational information is current)
- Submit application in Grants.gov by **April 5, 2019**



# Questions ???



# Contact Information

---

**Christy Edwards**

**Flex Program Supplement Coordinator**

**Federal Office of Rural Health Policy (FORHP)**

**Health Resources and Services Administration (HRSA)**

**Email: [cedwards@hrsa.gov](mailto:cedwards@hrsa.gov)**

**Phone: 301-443-0869**

**Web: [www.hrsa.gov/ruralhealth/](http://www.hrsa.gov/ruralhealth/)**



# Contact Information

---

**Sarah Young, MPH**

**Flex Program Coordinator**

**Federal Office of Rural Health Policy (FORHP)**

**Email: [syoung2@hrsa.gov](mailto:syoung2@hrsa.gov)**

**Phone: 301-443-5905**

**Benjamin 'BJ' White, M.Ed.**

**Flex Program Lead Grants Management Specialist**

**Office of Federal Assistance Management (OFAM)**

**Email: [bwhite@hrsa.gov](mailto:bwhite@hrsa.gov)**

**Phone: (301) 945-9455**





# Connect with HRSA

To learn more about our agency, visit

[www.HRSA.gov](http://www.HRSA.gov)



Sign up for the HRSA *eNews*

FOLLOW US:

